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Recovering from COVID-19: The key issues

1. Introduction

This paper has been written to summarise and supplement existing guidance on recovery from disasters¹ and pandemics² in the unique context of COVID-19 and to incorporate wider learning and experience from researcher. It outlines the key issues and details the approach to recovery we believe is needed.³

2. What is recovery?

- Recovery is defined as the process of *rebuilding, restoring and rehabilitating* society following an emergency, but it is more than simply the replacement of what has been destroyed and the rehabilitation of those affected.
- *Recovery is a process* – and is gradual. The pace of recovery will depend on the residual impact of the pandemic, ongoing demands, backlogs, staff and organisational fatigue, and continuing supply difficulties. Therefore, a gradual return to a ‘new’ normality is to be expected in the short- and long-term.
- Recovery *aims to generate positive outcomes* to address the fragilities and opportunities that the emergency has exposed.
- Recovery *offers a wide range of opportunities* at all levels from national government to individuals and communities – environmental / cultural / technological / ‘community’ / partnership working / public health & healthy living.
- Achieving this ‘new normality’ is a *complex social and developmental process* rather than just a remedial process.

2.1. Why recovery from COVID-19 is different

The scale is different. The damage to health, economies and social structures are global: “We must deal with the economic and social impact alongside the public health response”.⁴ This universal effect on *people, place and processes* has been rarely accounted for in emergency preparedness plans which often focus on natural disasters.

The effects are different. Typically, recovery includes actions to reinstate the built environment that has been damaged or restore material objects that individuals, communities and organisations have lost; a focus on *place*. Whilst this will form one element of recovery efforts from COVID-19, there are many others. Economic impacts are vast with

governments and a host of private firms, from banks to insurance companies, cooperating to develop new *processes* by which businesses and *partnerships* can re-establish themselves economically. The social and psychological impacts on *people* are both tangible and intangible, with the latter perhaps being most significant: families rocked by the loss of loved ones, entire populations isolated from the routines and relationships that form their normality. Isolation and a sudden lack of social integration. This will reverberate on many, if not all, people’s mental health and wellbeing.

The knock-on effects are vast. The impact on one area of society produces knock-on effects on others. For example, the closure of non-essential workplaces has produced new levels of burden on digital infrastructure, requiring *people* to be based in a different *place*, and use new *processes* to work or support children’s education.

The length of time for the initial response is different. With COVID-19 we are seeing an unprecedented, total shutdown of many services for an unknown duration, widespread across *places* and *people*, and with a likely gradual reintroduction/reopening of usual *processes*. Other emergencies in the past have impacted across various elements of infrastructure, bringing transport networks to a standstill, causing the closure of various welfare institutions, producing incredible strain on healthcare and causing major disruption to economies but not usually for this period of time and requiring coordination across so many *partnerships*.

2.2. Key partnership groups involved in recovery

Recovery need to be carefully considered across key *partnership* groups. We have identified five groups that have an interest, and a role, in planning and enabling recovery and renewal:

- *National government and associated departments* will lead on determining national transition timelines from elements of response into recovery. For example, they will enable economic recovery, national infrastructure, policy and legislative changes to drive short, medium- and longer-term recovery. Specific departments will lead on restoring their services e.g. Department of Health and Social Care leading on dealing with the backlog of ‘normal’ health and social care services and exacerbation of illnesses. The nature of **power** at the national level means that many national associations will influence and inform this (e.g. Local Government Association).

¹ <https://www.gov.uk/guidance/emergency-response-and-recovery> and specifically chapter 5 of Emergency Response and Recovery (updated October 2013).

² https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213717/dh_131040.pdf.

³ <https://www.alliancembs.manchester.ac.uk/news/how-can-society-recover-from-covid-19/>.

⁴ https://www.un.org/sites/un2.un.org/files/un_policy_brief_on_human_rights_and_covid_23_april_2020.pdf.

tion, Confederation of British Industry (CBI), Trades Union Congress (TUC), National Police Chiefs Council, British Medical Association (BMA)).

- *Regional and local partnerships* (e.g. Local Resilience Forums, Local Enterprise Partnerships) will lead local recovery planning ensuring the restoration of services (e.g. emergency preparedness, economic activities, transportation, public works, well-being services). These partnerships include wider societal interests in the economy, health, public and social health, community safety and resilience as well as national and local political influences. Local authorities are likely to take lead for this work. In some places, city regions are already requesting power to enact recovery and renewal in their own places. The nature of political *power* will be key in these groups.
- *Individual organisations* will recover their own operations and service delivery, re-establishing *processes*, where they remain economically viable or value-added. They will reinstate normal statutory and business functions, attend to the welfare and well-being of their people, and may need to develop new ways of delivering service where on-going restrictions remain (e.g. social distancing). They may also review the delivery of services which are no longer adding the value previously thought. These individual organisations operate in the private, public and third sector.
- *Local communities* will self-organise and recover as appropriate, perhaps in conjunction with regional and local partnerships. They have the potential *power* to be drivers of recovery and renewal at a local level through the *people* and the *place* where they are based. This will include small place-based ‘third sector’/non-profit/civil society organisations which will form an important part of both recovery and renewal. They may face specific sector, local and cash-flow challenges. The groundswell of local initiatives to provide support during this pandemic could be developed for wider social good
- *People as individuals* will influence recovery and renewal through public opinion and behaviour and this is likely to vary greatly across the country and across communities. The effects on individuals and their mental health as a result of this pandemic is both unpredictable and likely to be widespread and so previous patterns of behaviour may not be reliable predictors of the future.

2.3. Starting recovery

Planning for recovery needs to start during response and will have short and long-term aspects to it. Many UK Local Authorities (LAs) are now starting this planning process but the challenges of COVID-19 make this difficult and we have provided these consideration to support this process.

Lessons from previous emergencies and crises indicate that recovery must start early and can lead to a better future even though it may not seem appropriate or possible to discuss strategic recovery during the response phase.

3. The challenges of recovery

3.1. Compared to response

Experience has shown that the recovery phase and the structures, processes and relationships that underpin it are *harder to get right than the response phase*.

Recovery should be done *‘with’* the community not *‘to’* the community.⁵ Provision of recovery support is to assist affected communities towards management of their own recovery, with communities having different needs and priorities.

Recovery usually takes years rather than months to complete as it seeks to address the enduring human, physical, environmental, and economic consequences of emergencies.

3.2. Common aspects of recovery

Learning from previous disaster recovery⁶ shows that there are common aspects of recovery:

- to experience a sense of camaraderie, unity and optimism in the early stages
- for recovery to be a long, protracted journey
- for people to have a hard time along the way
- for ongoing stress to make it challenging to retain optimism, tolerance, the ability to problem solve and empathise
- for the majority of people and communities to ‘recover’ but also to grow from the experience.

Recovery therefore offers a wide range of opportunities at all levels from national government to individuals and communities – environmental / cultural / technological / ‘community’ / partnership working / public health & healthy living which need consideration.

3.3. Leadership

Leadership in recovery is different from response although remaining challenging and requiring flexibility. Key differences⁷:

- **Uncertainty:** “You have to try to imagine the future when you are in an environment that is uncertain and rapidly changing. You have to make important decisions with limited evidence and do it with confidence.”
- **Scale:** “The size and complexity of what needs to be done can be overwhelming. Every aspect of life changes”
- **Time:** “Decisiveness and the ability to make good decisions quickly. Part of that is making everyone feel included in the process. It’s a balancing act between those things”
- **Psychology:** “Impacted populations work differently. Chronic stress negatively impacts relationships, problem-solving, creative thinking, ability to take on information... As people get worn down, trust, cohesion and niceties can be lost”
- **Endurance:** “This is not a marathon, this is not a sprint, this is not a relay. It’s every horrible endurance event that you can imagine all rolled into one”

4. What do we need to consider in recovery?

4.1. The key issues

Using generic categories to capture the key issues has been shown to be useful in recovery, enabling all issues to be identified and plans to be aligned across sectors and groups. The framework of humanitarian assistance, economic, infrastructure and environmental, supported by key enablers, covers all the key issues.

Examples of issues⁸ in each category:

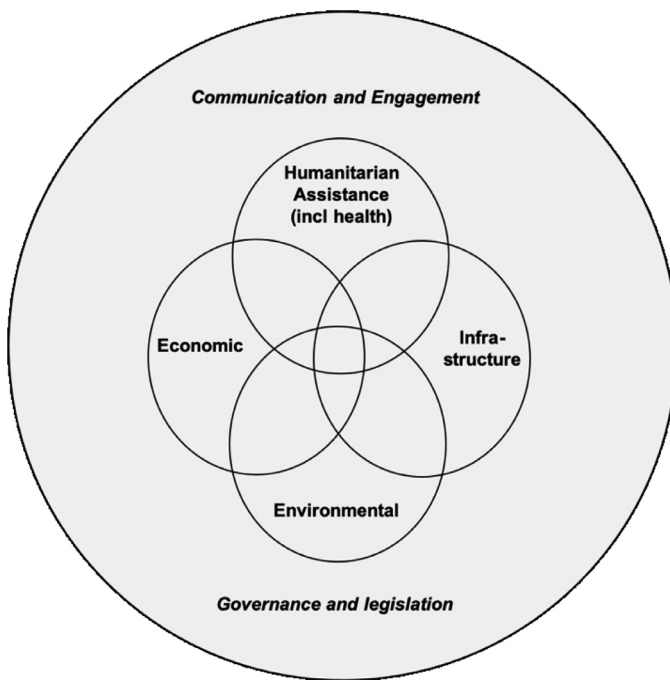
- **Humanitarian Assistance (including health);** physical impacts (including individuals’ health, housing, financial needs); psychological impacts; volunteers
- **Economic;** reopening businesses; retail, leisure, hospitality
- **Infrastructure;** restoring daily life (educational establishments, welfare services, transport system, waste management); digital infrastructure and cyber security; Supply Chain Management and logistics

⁶ https://www.preparecenter.org/sites/default/files/leading_in_disaster_recovery_a_companion_through_the_chaos.pdf.

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⁸ This is not a comprehensive list – examples provided to illustrate the scope of each category.

⁵ Emergency Response and Recovery (updated October 2013), chapter 5.



- **Environmental;** green spaces - accommodating social distancing

Enablers:

- **Communication and engagement;** connectivity between health and wider system; use of media; community engagement; public reassurance regarding health and social care concerns and the capability/capacity of the health and social care system.
- **Governance and legislation;** emergency legislation and the transition into recovery, use of existing governance mechanisms

4.2. National guidance

There is UK national guidance (Cabinet Office⁹) for recovery which focuses on structures and process and will be followed by Local Resilience Forums as part of their usual process.

4.3. What is happening elsewhere

Across the world cities and countries affected by COVID-19 are starting to put their plans in places for recovery. As this is a fast-changing situation, it isn't possible yet to identify generic key lessons from their approaches but we are providing regular updates by email which you can sign up to receive <http://ambs.ac.uk/covidrecovery>.

5. What should we do?

5.1. Short-term

5.1.1. Identify a strategic lead and appropriate governance

Begin to develop partnership objectives for recovery, supported by an appropriate group within the current governance structure.

5.1.2. Identify the key stakeholders

Many of these stakeholders will already be involved in the response effort in some way and so existing structures may be helpful here in identifying the key groups.

- **Governments:** those who will develop and enact national guidance and legislation which the whole country will be expected to follow. This will also include the provision of economic assistance in a range of forms.

- **Organisations:** responding agencies, advising agencies, those whose services are or will be affected as a result of the emergency. For COVID-19 this is already vast and, in the UK, includes ... NHS Foundation Trusts; Community Health Trusts; Mental Health; Clinical Commissioning Groups; Public Health; Voluntary Sector; Community Groups; Local Authority Social Care; Drug and Alcohol Wellbeing Service; Local Authority Wellbeing Teams; information governance; coroner's representatives; funeral directors; transport providers, schools, police and many others
- **Individuals and communities:** "There will not be one person untouched in some way, either physically, socially, economically or psychologically from this emergency".

5.1.3. Carry out impact assessments

This might be developed from your existing structures/cells and capture issues from existing data. Existing approaches to impact assessment can be used

It may include equality impact assessments to identify the potential disproportionate effect of the pandemic on some communities and individuals

5.1.4. Make plans

These will include plans for:

- restoration of services
- dealing with residual impacts: 'exit strategies' where relevant, staff and organisational fatigue, ongoing supply difficulties
- dealing with the backlog of 'normal' activity which was suspended during the pandemic
 - dealing with things hidden during the pandemic but now emerging: domestic abuse, child protection, drugs misuse, mental health issues
- longer term recovery

5.2. Longer-term

Higher level macro strategic issues – e.g. economic regeneration are most likely to be driven by government but there will be local issues and needs to be planned and addressed as part of this. At this stage identification of the long-term issues may be all that is required.

6. Conclusion

Recovery to the effect of COVID-19 present an opportunity to renew our societies, to reconsider what we want to be, what we can stop doing and what we should to put more effort into.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Ruth Boaden
David Powell
Duncan Shaw*
Jennifer Bealt
Nathaniel O'Grady
Ayham Fattoum
Joy Furnival

The University of Manchester, UK

*Corresponding author.

E-mail address: duncan.shaw-2@manchester.ac.uk (D. Shaw)

⁹ <https://www.gov.uk/guidance/emergency-response-and-recovery>.